

Foster Family Home - Corrective Action Report

Provider ID: 1-120036

Home Name: Helen Balila, CNA

Review ID: 1-120036-10

4019 Maunaloa Avenue

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 4/10/2019

Foster Family Home

Required Certificate

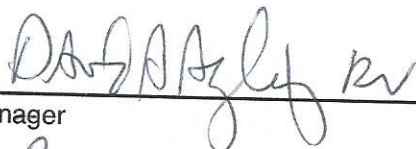
[11-800-6]

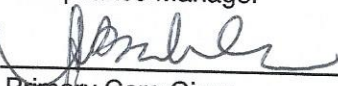
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 4/10/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

4/10/19
Date

4/10/19
Date